



CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

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75 Suttle St Durango, CO 81303

Company Name: Mountain Studies Institute / EPA		Bill to (if different):		ANALYSIS REQUEST															
Project Manager: Aaron Kimple / Dan Wall		P.O. #: EPA																	
Address: 1309 E. 3rd Ave, SUITE 106		Company:																	
City: DURANGO State: CO Zip: 81301		Attn:																	
Phone #: 970-749-7916 Email: akimple@mountainstudies.org		Address:																	
Additional Report To: wall.dan@epa.gov		City: CO																	
Project Name: Gold King Incident		State: Zip:																	
Project Number:		Phone #:																	
Sampler Name (Print):		Fax or Email:																	
FOR LAB USE ONLY	Lab I.D.	Collected		Matrix (check one)		# of containers													
		Date	Time	GROUNDWATER	SURFACEWATER	WASTEWATER	PRODUCEDWATER	SOIL	OTHER	No preservation (general)	HNO ₃	HCl	H ₂ SO ₄	Other:	Other:	Other:	Other:	Other:	
	Sample Name or Location																		
	ANIMAS - ROTARY PARK	8/6/15	2005	✓					✓										
	ANIMAS - ROTARY PARK	8/6/15	2108	✓					✓										
	ANIMAS - ROTARY PARK	8/6/15	2200	✓					✓										
	ANIMAS - ROTARY PARK	8/6/15	2300	✓					✓										
	ANIMAS - ROTARY PARK	8/7/15	0000	✓					✓										
	ANIMAS - ROTARY PARK	8/7/15	0030	✓					✓										
	ANIMAS - ROTARY PARK	8/7/15	1000	✓					✓										

PLEASE NOTE: GAL's liability and client's exclusive remedy for any claim arising whether based in contract or tort, shall be limited to the amount paid by the client for the analyses. All claims including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by GAL within 30 days after completion. In no event shall GAL be liable for incidental or consequential damages, including without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by GAL, regardless of whether such claim is based upon any of the above stated reasons or otherwise.

Relinquished By:		Date:	Received By:		ADDITIONAL REMARKS:		Report to State? (Circle)	
		Time:						
Relinquished By:		Date:	Received By:					
		Time:						
Relinquished By:		Date:	Received By:					
		Time:						
Delivered By: (Circle One)				Temperature at receipt:		CHECKED BY:		
Sampler - UPS - FedEx - Kangaroo - Other:								

† GAL cannot always accept verbal changes. Please fax or email written change requests.

* Chain of Custody must be signed in "Relinquished By:" as an acceptance of services and all applicable charges.